

EXHIBIT D

CHS CHRON * * * NEW YORK STATE - DOCCS
COMMUNITY SUPERVISION
PAROLEE CHRONO REPORT
FROM 01/01/1999 THRU 11/04/2022

DATE: 11/04/2022
PAGE: 1

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY:

01/14/2019 04:30AM COMPAS BC REVIEW

PO AND COMPAS RECOMMENDS LOWERING LEVEL. LEVEL LOWERED TO A 4.

SPO REVIEW: NONE

ENTERED BY:

01/14/2019 04:30AM COMPAS PO REVIEW

SPO REVIEW: NONE

ENTERED BY:

01/14/2019 04:30AM COMPAS CSR COMPLETED

SCREENER: GODFREY MELHADO

LOCATION: BROOKLYN I - V

SPO REVIEW: NONE

ENTERED BY: TAYLOR, PAUL D

REPORT TAKEN BY: TAYLOR, PAUL

11/29/2018 07:00PM SUPV STANDARDS CONFERENCE

CONTACT ADDRESS: 15 SECOND AVENUE , BKLYN

CASE CONFERENCE

PO WILL ENSURE THAT THIS CASE IS SUPERVISED AS PER COMPAS LEVEL STANDARDS.

SPO REVIEW: 11/30/2018

ENTERED BY: MELHADO, GODFREY R

11/27/2018 04:18PM COMPAS CSR COMPLETED

COMPAS COMPLETED. PO MELHADO RECOMMENDS P STAY AT HIS CURRENT LEVEL. P WILL BE DISCHARGED 02/19.

SPO REVIEW: NONE

ENTERED BY: MELHADO, GODFREY R

11/15/2018 03:42PM OFFICE REPORT W/PAROLEE

REVIEWED CONDITI
CURFEW DISCUSSED

NRD:02/04/19@ 10:00AM P WILL REPORT ON 02/04/19 HIS HIS MAX DATE. P REPORTED NO ISSUES OR CONCERNS. P IS STILL AT HIS APPROVED RESIDENCE. P IS EMPLOYED. P STATED NO POLICE CONTACT. P HAS PENDING COURT CASES.

SPO REVIEW: 12/03/2019

ENTERED BY: TAYLOR, PAUL D

REPORT TAKEN BY: TAYLOR, PAUL

10/30/2018 07:00PM OTHER VISIT W/OTHER

CONTACT ADDRESS: 15 SECOND AVENUE, BROOKLYN, NY

CASE CONFERENCE.

SPO REVIEW: 10/31/2018

ENTERED BY: MELHADO, GODFREY R

10/28/2018 08:30PM HOME VISIT W/PAROLEE

CONTACT ADDRESS: 760 E 45TH ST#BASEMENT, BROOKLYN, 11212

PO MELHADO CONDUCTED A HOME VISIT. P'S APTMENT IS IN THE BASEMENT. IN THE REAR OF THE HOUSE IS THE ENTRANCE. P REPORTED NO ISSUES OR CONCERNS. P STATED NO POLICE CONTACT.

SPO REVIEW: NONE

CNSCHRON * * *

NEW YORK STATE DOCCS

* * *

DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
 NYSID: [REDACTED]
 DIN: [REDACTED]

AREA: BROOKLYN III
 SPO NAME: TAYLOR, PAUL
 PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: MELHADO, GODFREY R

AREA: BROOKLYN III SPO NAME: ADAMS, CATHERINE PO NAME: MELHADO, GODFREY
 08/23/2018 12:35PM OFFICE REPORT W/PAROLEE REVIEWED CONDITI
 CURFEW DISCUSSED

NRD: 11/15/18 @ 600PM P WAS GIVEN AN APPOINTMENT SLIP. P WAS DIRECTED TO REPORT TO 15 SECOND AVE, BROOKLYN AREA OFFICE. PO MELHADO CHECKED CMS. P WAS ENTITLED TO VOTERS PARDON. HIS FORMER PO DID NOT PROVIDE IT. PO MELHADO DOESNT HAVE COPY DUE TO THIS CASE BEING TRANSFERRED FROM THE BRONX. P LIVES IN A FURNISHED ROOM. P WORKS IN BUILDING MAINTENANCE. P HAS PENDING FAMILY COURT CASE FOR CHILD SUPPORT. P HAS NO PENDING CRIMIAL CASE. P IS NOT PENDING A DRUG TEST, HOWEVER HE HASNT PROVIDED A DIRTY URINE. P COMPLETED ANGER MANAGEMENT PROGRAM. P HAS BEEN EMPLOYED FOR 5 MONTHS. HE HAS SIX CHILDREN WITH TWINS ON THE WAY. P DIRECTED TO REPORT ALL POLICE CONTACT.

SPO REVIEW: NONE

ENTERED BY: DANDRIDGE, SHANAVIA N

AREA: BROOKLYN III SPO NAME: TAYLOR, PAUL PO NAME: DANDRIDGE, SHANAVIA
 08/16/2018 01:37PM OFFICE REPORT W/PAROLEE

SUBJECT REPORTED AS DIRECTED. SUBJECT STATED THAT HE RESIDES AT 760 E 45TH STREET, BROOKLYN, NY. SUBJECT'S PHONE NUMBER [REDACTED]. SUBJECT STATED THAT HE WORKS AT NYC OFFICE SUITES. SUBJECT COMPLETED ANGER MANGMENT. SUBJECT REPORTED TO THE OFFICE WITH BMW CAR KEYS IN HIS POSSESSION AND NO LICENCE. PO DANDRIDGE, GUIDE N, COUNCIL AND PRESSLEY SEARCHED THE VACINITY BUT WAS UNABLE TO LOCATE THEVEHICLE. SUBJECT IS NOT AWARE OF WHO OWNS THE VEHICLE. SUBJECT ADVISED TO CONTACT PO DANDRIDGE WITH THE NAME AND INFORMATION OF THE INDIVUSL WHO OWNS THEY CAR, SO THAT THEY CAN COM ETO 12 2ND AVE, BROOKLYN, NY AND RETRIEVE THE KEYS. NRD 8/23/18 TO MEET WITH PO MELHADO.

SPO REVIEW: NONE

ENTERED BY: DANDRIDGE, SHANAVIA N

AREA: BROOKLYN III SPO NAME: TAYLOR, PAUL PO NAME: DANDRIDGE, SHANAVIA
 08/16/2018 01:30PM CASE CONFERENCE

CASE CONFRENCED WITH SPO TAYLOR, CASE TO BE TRANSFERRED TO PO MELHADO, AS SUBJECT RESIDES IN THE CONFINES OF THE 67TH PRECINCT.

SPO REVIEW: NONE

ENTERED BY: TAYLOR, PAUL D

AREA: BROOKLYN III SPO NAME: TAYLOR, PAUL PO NAME: DANDRIDGE, SHANAVIA
 REPORT TAKEN BY: TAYLOR, PAUL

07/31/2018 03:00PM SUPV STANDARDS CONFERENCE

CONTACT ADDRESS: 15 SECOND AVENUE, BK

PO WILL SUPERVISE THIS CASE AS PER COMPAS LEVEL STANDARDS.

SPO REVIEW: 07/31/2018

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

07/23/2018 09:20AM OFFICE REPORT W/PAROLEE PHOTO TAKEN

SUBJECT REPORTED AS DIRECTED. SUBJECT DENIED POLICE CONTACT AND SUBSTANCE ABUSE AS PER SUB, NO CHANGES TO HIS ADDRESS OR TELEPHONE NUMBER. SUBJECT WAS GIVEN THE CONTACT INFORMATION FOR FOR PO DANDRIGE AND THE NRD DATE. NRD 8-16-18 WHICH WAS GIVEN TO SUBJECT.

SPO REVIEW: NONE

CMSCHRON* * *

NEW YORK STATE - DOCCS

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DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: ADAMS, CATHERINE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

07/16/2018 02:48PM OTHER WORK

PLEASE TAKE PHOTO BEFORE SUBJECT MAKES OFFICE REPORT TO BK03

ON 8/16/18 BEFORE 7PM TO PO DANDRIDGE #0381/SPO TAYLOR #0100 TO

15 2ND AVE., BKLYN 11215

SPO REVIEW: NONE

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

07/12/2018 10:16AM TRANSFER SUMMARY

SUBJECT NO LONGER LIVES IN THE BRONX. HE CURRENTLY LIVES IN BROOKLYN. SUBJECT IS ALSO EMPLOYED. SUBJECT COMPLETED ANGER MANAGEMENT AT NETWORK. SUBJECT'S

LAST TOXICOLOGY SCREENING WAS NEGATIVE.

SPO REVIEW: NONE

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

07/11/2018 05:34AM HOME VISIT W/PAROLEE CURFEW

PO SKYERS AND RIVERA VISITED SUBJECT'S HOME. SUBJECT WAS SEEN. HE DIDNOT REPORT ANY ISSUES OR CONCERN. SUBJECT REPORTED HE IS ON HIS WAY TO WORK.

PO SKYERS TOLD SUBJECT HE WILL BE TRANSFER TO A BROOKLYN PAROLE OFFICER.

SPO REVIEW: NONE

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

06/28/2018 11:07AM TELEPHONE TO PAROLEE

WRITER SPOKE TO SUBJEC AND HE REPORTED HE MOVED ON 6-22-18. HE ALSO REPORTED HE PROVIDED HIS NEW ADDRESS TO HIS FORMER PO.

SPO REVIEW: NONE

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

06/28/2018 07:30AM HOME VISIT W/OTHER

CONTACT ADDRESS: 1851 PHELAN PL#3D2, BRONX, 10453

PO SKYERS AND PO RIVERA VISITED SUBJECT'S LAST APPROVED RESIDENCE AND SPOKE TO A STAFF WHO REPORTED SUBJECT MOVED OUT THE SHELTER A FEW DAYS AGO.

SPO REVIEW: NONE

ENTERED BY: SKYERS, MARIE

AREA: BRONX V SPO NAME: RANDOLPH, MARCELLUS PO NAME: SKYERS, MARIE

06/19/2018 12:00PM OTHER WORK

SUBJECT WAS ASSIGNED TO WRITER ON 6-19-18.

SPO REVIEW: NONE

CMSCHRON* * *

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DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: BOUCK, JENNIFER

AREA: BRONX V SPO NAME: CAMPBELL, RONNITA PO NAME: BOUCK, JENNIFER
05/15/2018 09:06AM OFFICE REPORT W/PAROLEE CURFEW DISCUSSED
REVIEWED CONDITIONS
URINE/DRUG NEGATIVE

SUBJECT REPORTED AS DIRECTED. SUBJECT WAS QUESTIONED ABOUT HIS RESIDENCE, AS P
O WAS PREVIOUSLY INFORMED THAT SUBJECT OFTEN ENTERS SHELTER AFTER CURFEW HOURS.

SUBJECT INDICATED THAT THIS IS DUE TO HIS WORK SCHEDULE. SUBJECT REMAINS EMP
LOYED AND BEGINS WORK AT 8AM AND STATED HE OFTEN FINISHES AT 10PM. SUBJECT WAS
DIRECTED TO PROVIDE PAYSTUB ON NEXT REPORT DATE. SPECIAL CONDITIONS REVIEWED
WITH SUBJECT AND HE INDICATED HE UNDERSTOOD SUCH. SUBJECT DENIES ANY POLICE CO
NTACT OR DRUG USE. DRUG TEST NEGATIVE FOR DRUG USE. NRD 8/7/2018
SPO REVIEW: NONE

ENTERED BY: BOUCK, JENNIFER

AREA: BRONX V SPO NAME: CAMPBELL, RONNITA PO NAME: BOUCK, JENNIFER
05/10/2018 08:51AM OTHER WORK
CASE ADMINISTRATIVELY TRANSFERRED TO PO ON 4/30/2018.
SPO REVIEW: NONE

ENTERED BY: BOUCK, JENNIFER

AREA: BRONX V SPO NAME: CAMPBELL, RONNITA PO NAME: BOUCK, JENNIFER
05/07/2018 10:04AM TELEPHONE TO PAROLEE
PO CONTACTED SUBJECT AND LEFT VOICEMAIL DIRECTING HIM TO REPORT FOR OFFICE VISI
T ON 5/15/2018.
SPO REVIEW: NONE

ENTERED BY: BOUCK, JENNIFER

AREA: BRONX V SPO NAME: CAMPBELL, RONNITA PO NAME: BOUCK, JENNIFER
05/04/2018 09:06AM HOME VISIT W/OTHER
CONTACT ADDRESS: 1851 PHELAN PL#3D2, BRONX, 10453
HOME VISIT ATTEMPTED AT 1851 PHELAN PLACE, BRONX, NY. SUBJECT WAS NOT PRESENT
AT THE TIME. PO SPOKE WITH CASE MANAGER WHO INDICATED THAT HE SIGNED OUT AT 6:
20AM. MS. BIBB (CASE MANAGER) ALSO NOTED THAT THE SUBJECT OFTEN MISSES NIGHTS
AT THE SHELTER OR LEAVES. PO WILL DISCUSS SUCH WITH SUBJECT ON NEXT REPORT DAT
E.
SPO REVIEW: NONE

ENTERED BY: CAMPBELL, RONNITA L

AREA: BRONX V SPO NAME: CAMPBELL, RONNITA PO NAME: BOUCK, JENNIFER
REPORT TAKEN BY: CAMPBELL, RONNITA
05/03/2018 09:45AM SUPV STANDARDS CONFERENCE
WITH PO BOUCK
PO INFORMED THAT THIS WILL BE NEW TRANSFER. UPON INITILA OP, PO ID DIRECTED TO
REVIEW PAROLE CONDITIONS, IMPOSE SPECIAL CONDITIONS, CONDUCT DRUG TEST, CONDUCT
HVP AND EVP IN ORDER TO VERIFY AND SUPERVISE ACCORDNG TO COMPAS LEVEL FOUR STAN
DARDS
SPO REVIEW: 05/07/2018

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: DIXON, MELINDA PO NAME: WALLACE, MARGARET

04/24/2018 02:30PM TRANSFER SUMMARY

SUBJECT IS RESIDING IN THE CONFINEMENT OF THE 46 PCT LOCATED AT 1851 PHELAN PL BRONX NY RM-3E02. SUBJECT IS WORKING FULLTIME FOR CHEF ACTIVE STAFFING.

ALL MANDATED PROGRAM HAS BEEN COMPLETED.

NO ISSUES TO REPORT.

SPO REVIEW: NONE

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: DIXON, MELINDA PO NAME: WALLACE, MARGARET

04/22/2018 12:25PM HOME VISIT W/OTHER

CONTACT ADDRESS: 1851 PHELAN PL#3D2, BRONX, 10453

VISIT WAS MADE TO THE APPROVED ADDRESS AT 1851 PHELAN PL BRONX NY RM#3E02

PHELAN MEN'S SHELTER. STAFF CHECKED THE SIGN IN/OUT LOG AND STATE SUBJECT SING OUT TODAY AT 7:05AM. STAFF STATE SUBJECT SHOULD BE HERE TILL HE FINE AN APARTME NT.

SPO REVIEW: NONE

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: DIXON, MELINDA PO NAME: WALLACE, MARGARET

03/19/2018 11:00AM TELEPHONE FROM OTHER

SUBJECT CALLED AND STATE THAT HIS SHELTER MOVED HIM ON 3/16/18 TO 1851 PHELAN P L. BX NY 10453 RM# 3D2

SPO REVIEW: 04/19/2018

ENTERED BY: DIXON, MELINDA

AREA: QUEENS III SPO NAME: DIXON, MELINDA PO NAME: WALLACE, MARGARET

03/08/2018 12:12PM SUPV STANDARDS CONFERENCE

SUPERVISE AS PER STANDARDS, MONITOR PAYMENT OF PARKING TICKET IN NASSAU COUNT Y, ENCOURAGE EMPLOYMENT, VERIFY PROGRAM STATUS AND COMPLIANCE.

SPO REVIEW: 03/08/2018

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: PO, UNK MARTINEZ PO NAME: WALLACE, MARGARET

02/26/2018 02:30PM OFFICE REPORT W/PAROLEE

SAME ADDRESS, NO POLICE CONTACT, NO DRUG USE. SUBJECT STATE THAT HE HAS A PARKI NG TICKET IN LONG ISLAND AND WOULD LIKE TO PAY IT, SUBJECT WAS TOLD TO TEXT THE DATE HE WILL BE PAYING THE TICKET. NO ISSUES TO REPORT. NRD-5/21/18

SPO REVIEW: NONE

ENTERED BY: PEREZ, MALEISHA

AREA: QUEENS III SPO NAME: PO, UNK MARTINEZ PO NAME: WALLACE, MARGARET

REPORT TAKEN BY: PEREZ, MALEISHA

02/15/2018 08:26PM HOME VISIT W/PAROLEE CURFEW

CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432

P WAS HOME DURING CURFEW HOURS, VISIT WAS WITH PO SANDERS.

SPO REVIEW: NONE

CMSCHRON* * *

NEW YORK STATE - DOCCS

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DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: SANDERS, ALESCIA N
AREA: QUEENS III SPO NAME: PO, UNK MARTINEZ PO NAME: WALLACE, MARGARET
02/13/2018 10:28AM TELEPHONE TO PAROLEE
SUB TOLD TO REPORT ON 02/26/18
SPO REVIEW: NONE

ENTERED BY: CHUNG, ROGER A
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
REPORT TAKEN BY: CHUNG, ROGER
01/22/2018 05:23PM CASE CONFERENCE AREA OFFICE
DHS HOTEL, WEAPONS HISTORY, EMPLOYED, FEES DISCUSSED, COMPLETED NETWORK, NO PR
OBLEMS, HV AND DRUG TEST.
SPO REVIEW: NONE

ENTERED BY: OSOUNA, LINDSY A
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
11/13/2017 12:06PM OFFICE REPORT W/PAROLEE REVIEWED CONDITI AREA OFFICE
CURFEW DISCUSSED
URINE/DRUG NEGATIVE

SUBJECT REPORTED AS DIRECTED. SAME ADDRESS ANF CONTACT INFO ON FILE. DENIES ANY
DRUG OR ALCOHOL USE. DENIES ANY LAW ENFORCEMENT CONTACT. SUBJECT PROVIDED CONF#
78529272 FOR SUPERVISION FEE PAYMENT FOR SEPT, OCT AND NOV. P PROVIDED COPY OF
HIS PAYSTUB. UPDATED EMPLOYMENT SCREEN. SUBJECT DID NOT PROVIDE DRIVERS ABSTRAC
T. DENIES ANY ISSUES TO REPORT. URINE NEGATIVE, 6 PANEL OBSERVED BY PO MARTINEZ
REPORT TAKEN BY PO OSOUNA # 133
NRD 2/19/18 6PM
SPO REVIEW: NONE

ENTERED BY: BRYANT, BRENDA
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
10/31/2017 04:18PM CASE CONFERENCE
W/ P.O WALLACE. DRUG/ALCOHOL TEST IS OVERDUE/. UPDATE PROGRAM SCREEN. ST
ILL WORKING OFF THE BOOKS. ENCOURAGE TO SEEK ON THE BOOKS EMPLOYMENT.
SPO REVIEW: 10/31/2017

ENTERED BY: WALLACE, MARGARET B
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
10/24/2017 10:15PM HOME VISIT W/PAROLEE CURFEW
CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432
SUBJECT SEEN AT HIS APPROVED ADDRESS, VISIT MADE WITH PO SANDERS
SPO REVIEW: NONE

ENTERED BY:
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
10/20/2017 04:01AM COMPAS BC REVIEW
SPO REVIEW: NONE

ENTERED BY:
AREA: QUEENS III SPO NAME: BRYANT, BRENDA PO NAME: WALLACE, MARGARET
10/20/2017 04:01AM COMPAS PO REVIEW
SPO REVIEW: NONE

CMSCHRON* * *

NEW YORK STATE - DOCCS

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY:

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
10/20/2017 04:01AM COMPAS CSR COMPLETED
SCREENER: MARGARET WALLACE
LOCATION: QUEENS I - III
SPO REVIEW: NONE

PO NAME: WALLACE, MARGARET

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
10/07/2017 10:30AM HOME VISIT W/OTHER
CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432
SUBJECT WAS NOT HOME AT TIME OF VISIT, STAFF STATE THAT HE WENT TO WORK AND IS
IN ROOM 505.
SPO REVIEW: NONE

PO NAME: WALLACE, MARGARET

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
08/14/2017 11:20AM OFFICE REPORT W/PAROLEE
FEEES PAID

PO NAME: WALLACE, MARGARET

CURFEW DISCUSSED
FEEES PAID

SAME ADDRESS, NO POLICE CONTACT, NO DRUG USE. SUBJECT STILL WORKING AND WILL SEND A PHOTO OF HIS PAY STUB. SUBJECT SUBMITTED HIS CONFIRMATION NUMBER FOR PAYING HIS SUPERVISION FEE MAY, JUNE, JULY AND AUGUST 2017. SUBJECT REQUESTED TO GET HIS DRIVER LICENSE AND WAS TOLD THAT HE WILL NEED TO SUBMIT A COPY OF HIS VEHICLE ABSTRACT. NO ISSUES TO REPORT. NRD-11-13-17
SPO REVIEW: NONE

ENTERED BY: BRYANT, BRENDA

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
07/12/2017 12:38PM CASE CONFERENCE
CC W/ P.O WALLACE. REMAINS VERIFIABLY EMPLOYED. ENCOURAGE P TO PAY HIS SUPERVISION FEE. RECEIVES FOOD STAMPS FROM HRA.
SPO REVIEW: 07/12/2017

PO NAME: WALLACE, MARGARET

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
07/09/2017 10:45AM HOME VISIT W/PAROLEE
CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432
SUBJECT WAS SEEN AT HIS APPROVED ADDRESS, ON HIS WAY TO CHURCH
SPO REVIEW: NONE

PO NAME: WALLACE, MARGARET

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA
07/07/2017 11:15AM HOME VISIT W/OTHER
CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432
SUBJECT NOT HOME AT TIME OF HOME VISIT
SPO REVIEW: NONE

PO NAME: WALLACE, MARGARET

CMSCHRON* * *

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
 NYSID: [REDACTED]
 DIN: [REDACTED]

AREA: BROOKLYN III
 SPO NAME: TAYLOR, PAUL
 PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA

PO NAME: WALLACE, MARGARET

05/15/2017 10:00AM OFFICE REPORT W/PAROLEE

CURFEW DISCUSSED

FEES PAID

SAME ADDRESS, 95-65 TUCKERTON ST JAMAICA NY RM-505, NO POLICE CONTACT, NO DRUG USE. ALL AMNDATED PROGRAMS ARE COMPLETED. SUBJECT STATED HE PAID HIS SUPERVISION AND SUBMITTED A COMUFIMTION NUMBER OF 72149943 IN THE AMOUNT OF \$30.00 ON 5-12-17. SUBJECT WAS GIVEN PERMISSION TO ATTEND HIS BABY SHOWER ON 5-20-17 WITH HIS GIRLFRIEND- [REDACTED] LOCATED AT 1271 JEFFERSON AVE BROOKLYN NY FROM-3PM TO 11PM.

NRD-8-14-17

SPO REVIEW: 10/31/2017

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA

PO NAME: WALLACE, MARGARET

05/11/2017 09:00PM HOME VISIT W/PAROLEE

CURFEW

CONTACT ADDRESS: 95-65 TUCKERTON ST, JAMAICA, 11432

SUBJECT SEEN AT HIS APPROVED ADDRESS, VISIT MADE WITH PO SANDERS.

SPO REVIEW: 10/31/2017

ENTERED BY: WALLACE, MARGARET B

AREA: QUEENS III SPO NAME: BRYANT, BRENDA

PO NAME: WALLACE, MARGARET

04/10/2017 12:30PM OFFICE REPORT W/PAROLEE

CURFEW DISCUSSED

FEES DISCUSSED

PAR GRIEV

URINE/DRUG NEGATIVE

SUBJECT IS A NEW TRANSFER FROM BROOKLYN OFFICE AND IS RESIDING AT DAYS INN-95-6 5 TUCKERTON ST JAMAICA NY RM-505. SUBJECT STATE THAT HE'S WORKING OFF THE BOOKS FOR CAPS UNIVERSAL INC., AND IS PART OF THE FILM CREW AND IS WORKING 12 HOURS S HIFT. SUBJECT WAS TOLD THAT HE CAN NOT WORK OFF THE BOOKS AND HE MUST WORKING D URING HIS CURFEW HOURS OR BE PUT ON THE BOOKS.

SUBJECT STATE THAT HIS GIRLFRIEND- [REDACTED] IS HAVING A BABY AND SHE'S D UE ON 6-20-17 AND THEY ARE PLANING A BABY SHOWER ON 5-20-17 AND HE WOULD LIKE T O BE ABLE TO ATTEND. SUBJECT WAS TOLD TO BRING IN THE INVITE ON THE NEXT REPORT DATE. [REDACTED] AND SHE ALSO LIVING IN A SHELTER.

SUBJECT IS GETTING FOOD STAMPS IN THE AMOUNT OF \$197 AND IS LIVING IN THE SHELTER. WEN

WENT OVER ALL SPECIAL CONDITION, CURFEW-9PM TO 7AM SEVEN DAYS A WEEK.

SUBJECT WAS GIVEN FORM TO PAY HIS SUPERVISION FEE AND THE GRIEVANCE WAS GIVEN.

SUBJECT STATE THAT ALL MANDATED PROGRAM WERE COMPLETED.

SUBJECT WILL BRING IN PAY STUB, PROOF HE PAID HIS FEE AND SHOWER INVITE.

NRD-5-15-17

SPO REVIEW: 06/29/2017

ENTERED BY: BRYANT, BRENDA

AREA: QUEENS III SPO NAME: BRYANT, BRENDA

PO NAME: WALLACE, MARGARET

03/22/2017 11:40AM CASE CONFERENCE

CC W/ P.O WALLACE. RECENTLY RECEIVED TRANSFER. EFFECTIVE TRANSFER DATE IS 4-1 0-17..

SPO REVIEW: 03/25/2017

CHS:CHRON* * *

NEW YORK STATE - DOCCS

* * *

DATE: 11/04/2022

COMMUNITY SUPERVISION

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN

AREA: BROOKLYN III

NYSID: [REDACTED]

SPO NAME: TAYLOR, PAUL

DIN: [REDACTED]

PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: JONES, EBONY N

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

03/17/2017 12:11PM TELEPHONE TO PAROLEE

PO CONTACTED P AND INFORMED HIM THAT HE HAS BEEN TRANSFERRED TO THE QUEENS AREA OFFICE. PO PROVIDED P WITH VERBAL INSTRUCTIONS TO REPORT AND TEXTED HIS CELL PHONE WITH HIS NEW REPORTING INSTRUCTIONS ALONG WITH HIS NEW PO/SPO NAMES AND OFFICE TELEPHONE NUMBER AND ADDRESS. P TEXTED AND CALLED PO BACK ACKNOWLEDGING THAT HE RECEIVED THE REPORTING INSTRUCTIONS.

SPO REVIEW: NONE

ENTERED BY: ADAMS, CATHERINE

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

REPORT TAKEN BY: ADAMS, CATHERINE

03/16/2017 11:17AM LETTER TO OTHER

2ND REQUEST REMITTED

SPO REVIEW: 03/16/2017

ENTERED BY: ADAMS, CATHERINE

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

REPORT TAKEN BY: ADAMS, CATHERINE

03/16/2017 11:16AM TRANSFER SUMMARY

NO ARREST OR EARLY DISCHARGE CONSIDERATION, HVP 2/2017, 2/2017 NEG TEST, PHOTO TAKEN AND IN PROGRAM

SPO REVIEW: 03/16/2017

ENTERED BY: ADAMS, CATHERINE

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

REPORT TAKEN BY: ADAMS, CATHERINE

03/08/2017 06:56AM OTHER WORK

CONTACT ADDRESS: 15 2ND AVE., BKLYN

UPDATED F14 FOR PO JONES

SPO REVIEW: 03/08/2017

ENTERED BY: JONES, JASON H

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

02/18/2017 08:40AM HOME VISIT W/PAROLEE

CONTACT ADDRESS: 95-65, JAMAICA, 11432

HOME VISIT POSITIVE CONDUCTED ON 2/18/17 TO NEW CASE ADDRESS 95-65 TUCKERTON STREET, THE SUBJECT WAS PRESENT IN ROOM 504 NO ISSUES TO REPORT.

SPO REVIEW: NONE

ENTERED BY: ADAMS, CATHERINE

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON

REPORT TAKEN BY: ADAMS, CATHERINE

02/11/2017 10:19AM CASE CONFERENCE

AREA OFFICE

CONTACT ADDRESS: 15 2ND AVE., BKLYN

CONFERENCE DETAIL: UUPDATE F17 MOVED TO QNS THEN PREP FOR TRANSFER

NEEDS DRUG TEST

ACTION PLAN: NO ARREST, PHOTO TAKEN, NO EARLY RELEASES, AND UPDATE ANGER MGMT PROGRAM WITH NETWORK

SPO REVIEW: 02/13/2017

CMSCHRON* * *

NEW YORK STATE - DOCCS

* * *

DATE: 11/04/2022

COMMUNITY SUPERVISION

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
 NYSID: [REDACTED]
 DIN: [REDACTED]

AREA: BROOKLYN III
 SPO NAME: TAYLOR, PAUL
 PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: JONES, JASON H

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON
 02/07/2017 10:00AM OFFICE REPORT W/PAROLEE GROUP SESSION AREA OFFICE
 REVIEWED CONDITIONS
 CURFEW DISCUSSED
 URINE/DRUG NEGATIVE
 FEES DISCUSSED

THE SUBJECT REPORTED TO GROUP REPORTING AT 210 JORALEMON STREET 3RD FLOOR ON 2/07/17. THE SUBJECT DENIES ANY L/E CONTACT AND STATES HIS ADDRESS REMAINS THE SAME AND HE'S GAINFULLY EMPLOYED VERIFIED BY RECENT PAYSTUB AND HIS DRUG TEST ON 2/07/17 REVEALED NEGATIVE RESULTS. THE SUBJECT SIGNED HIS SPECIAL CONDITIONS AND NRD 06/06/17.

SPO REVIEW: NONE

ENTERED BY: JONES, JASON H

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON
 02/02/2017 09:30AM TELEPHONE FROM PAROLEE

THE SUBJECT CALLED THE UNDERSIGNED OFFICER AND STATED HIS NEW ADDRESS 95-65 TUCKERTON STREET, QUEENS NY LIBERTY AND STUPHIN BLVD.

SPO REVIEW: NONE

ENTERED BY: JONES, JASON H

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON
 12/18/2016 09:11AM HOME VISIT W/OTHER
 CONTACT ADDRESS: 1322 BEDFORD AVE, BROOKLYN, 112162926

HOME VISIT OTHER WITH INTAKE WORKER AT 1322 BEDFORD ATLANTIC MENS SHELTER. AS PER INTAKE WORKER A PRINT OUT SHOWS THE SUBJECT NEW ADDRESS 501 NEW LOTS AVENUE. LINDEN MEN'S SHELTER.

SPO REVIEW: NONE

ENTERED BY: ADAMS, CATHERINE

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON
 REPORT TAKEN BY: ADAMS, CATHERINE AREA OFFICE
 12/12/2016 08:32AM CASE CONFERENCE
 CONTACT ADDRESS: 15 2ND AVE., BKLYN
 CONFERENCE DETAIL:
 UPDATE PROGRAM PARTICIPATION

ACTION PLAN:

SPO REVIEW: 12/12/2016

ENTERED BY: JONES, JASON H

AREA: BROOKLYN IV SPO NAME: ADAMS, CATHERINE PO NAME: JONES, JASON
 10/11/2016 10:00AM OFFICE REPORT W/PAROLEE GROUP SESSION AREA OFFICE
 REVIEWED CONDITIONS
 CURFEW DISCUSSED
 URINE/DRUG NEGATIVE

THE SUBJECT REPORTED TO GROUP REPORTING AT 210 JORALEMON STREET 3RD FLOOR ON 10/11/16. THE SUBJECT DENIES ANY L/E CONTACT AND HE SIGNED HIS SPECIAL CONDITIONS SHEET. THE SUBJECT DENIES ANY CHANGES TO CASE ADDRESS AND HOME PHONE SERVICE AT THIS TIME. THE SUBJECT NEXT REPORT DATE 02/07/17.

SPO REVIEW: 12/12/2016

CMSCHRON* * *

NEW YORK STATE - DOCCS

* * *

DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/13/2016 11:20AM OFFICE REPORT W/PAROLEE
STATES SAME RESIDENCE BEDFORD ATLANTIC BED # 2032, STATES NO POLICE CONTACT,
DENIES DRUG USE, STATES WENT ON JOB INTERVIEW, SUBJECT GIVEN TRANSFER INFO TO
REPORT TO BROOKLYN 4 ON 10-11-16 AT 9:30AM AT 210 JORRALEMON ST, BROOKLYN, NY
SUBJECT STATED THAT HE UNDERSTANDS
SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/06/2016 11:25AM OFFICE REPORT W/PAROLEE
STATES SAME RESIDENCE BEDFORD ATLANTIC BED # 2032 STATES NO POLICE CONTACT
DENIES DRUG USE, STATES THAT HE SPOKE TO CASEWORKER AT THE SHELTER RE: LINKS
PROGRAM, SUBJECT STATES ATTENDING THE NETWORK PROGRAM, SUBJECT DIRECTED TO
REPORT ON 9-13-16 AT 11AM
SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/06/2016 08:00AM LETTER FROM OTHER
RECIEVED TRANSFER ASSIGNMENT REPORT DATE SUBJECT TO REPORT TO PO. J. JONES
ON 10-11-16 AT 210 JORALEMON ST 3RD FL, BROOKLYN, NY AT 9:30AM
SPO REVIEW: NONE

ENTERED BY: ADAMS, CATHERINE
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/05/2016 01:04PM OTHER WORK
SPO ADAMS: SUBJECT CAN REPORT TO 210 JORALEMON ST., 3RD, FLOOR, BKLYN, NY AT E
ITHER 9:30 AM OR 5:30PM OCT 11, 2016
SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/01/2016 08:23AM LETTER TO OTHER
EMAIL SENT TO SPO ADAMS REQUESTING A REPORT DATE
SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
09/01/2016 08:00AM LETTER FROM OTHER
RECIEVED CASE TRANSFER ASSIGNMENT CASE TRANSFERRED TO BROOKLYN PO. J. JONES
SPO. ADAMS, WRITER TO CONTACT SPO ADAMS FOR REPORT DATE
SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
08/30/2016 08:07PM OTHER WORK
TYPED UP TRANSFER FORM EMAILED TO BROOKLYN 4 TAG TEAM
SPO REVIEW: NONE

CMISCHRON* * *

NEW YORK STATE - DOCCS

* * *

DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
NYSID: [REDACTED]
DIN: [REDACTED]

AREA: BROOKLYN III
SPO NAME: TAYLOR, PAUL
PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: DIAZ, PAUL J

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/30/2016 12:35PM OFFICE REPORT W/PAROLEE

P REPORTED SAME ADDRESS, NO EMPLOYMENT. P STATED HE DID NOT GO TO CEO DUE TO HIS [REDACTED] NOW HAVING [REDACTED] AND HE HAS BEEN DEALING WITH THAT. NO POLICE CONTACT, DENIE S DRUG USAGE. NRD 9/6.

SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/30/2016 08:00AM TRANSFER SUMMARY

SUBJECT RESIDING AT CASE ADDRESS, HVP DONE, SUBJECT ATENDING NETWORK DRUG PROGR AM, DRUG TEST NEGATIVE, CURFEW 9PM TO 7AM DAILY

SPO REVIEW: NONE

ENTERED BY: EDWARDS, PERRI A

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/21/2016 05:58AM HOME VISIT W/PAROLEE

CURFEW

CONTACT ADDRESS: 1322 BEDFORD AVE, BROOKLYN, 112162926

P WAS OBSERVED AT BEDFORD/ATLANTIC SHELTER BED# 2032 ON 2 ND FLOOR.

UNDER CARE# 450494. P DENIED ANY COMPLAINTS.

VISIT ACCOPAINED BY PO JACKSON MAN 2.

SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/16/2016 11:40AM OFFICE REPORT W/PAROLEE

STATES NEW RESIDENCE BEDFORD ATLANTIC BED #32

STATES NO POLICE CONTACT

DENIES DRUG USE, STATES LOOKING FOR EMPLOYMENT, STATES WENT TO READY, WILLING

AND ABLE BUT WILL NOT BE DOING THERE PROGRAM, STATES ATTENDING THE NETWORK PROG

RAM, SUBJECT REFERRED TO CEO FOR EMPLOYMENT, SUBJECT DIRECTED TO REPORT ON

8-30-16 AT 11AM

SPO REVIEW: 08/22/2016

ENTERED BY: CAMACHO, ROSETTA

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/12/2016 01:58PM RE-ENTRY SERVICES UNIT

RSU-MENTAL HEALT

THE CLIENT KEPT HIS INTAKE APPOINTMENT APPOINTMENT AT NETWORK 555 BERGEN AVE 34

7-584-8601. R. CAMACHO SAC1

SPO REVIEW: NONE

ENTERED BY: CAMACHO, ROSETTA

AREA: MANHATTAN III SPO NAME: ESCANO, DARIO

PO NAME: SUTHERLAND, CARLA

08/08/2016 12:10PM RE-ENTRY SERVICES UNIT

RSU-MENTAL HEALT

THE CLIENT WAS SCREENED AND HAS AN APPOINTMENT 8/11/16 11:00AM AT NETWORK 347-5

84-8601. R. CAMACHO SAC1

SPO REVIEW: NONE

CMSCHRON* * *

NEW YORK STATE - DOCCS

* * *

DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
 NYSID: [REDACTED]
 DIN: [REDACTED]

AREA: BROOKLYN III
 SPO NAME: TAYLOR, PAUL
 PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: SUTHERLAND, CARLA H
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO
 08/08/2016 10:35AM OFFICE REPORT W/PAROLEE

PO NAME: SUTHERLAND, CARLA
 REVIEWED CONDITI
 CURFEW DISCUSSED
 PHOTO TAKEN
 URINE/DRUG NEGATIVE

STATES RESIDENCE AT BELLEVUE MENS SHELTER BED # 2-005, STATES NO POLICE CONTACT DENIES DRUG USE, DISCUSSED AND REVIEWED SPECIAL CONDITION SUBJECT STATED THAT HE UNDERSTOOD, SUBJECT GIVEN 9PM TO 7AM CURFEW, PHOTO TAKEN, ORAL DRUG TEST TAKEN NEGATIVE, SUBJECT REFERRED TO ACCESS FOR ANGER MANAGEMENT PROGRAM, SUBJECT GIVEN REFERRAL TO READY, WILLING AND ABLE EMPLOYMENT PROGRAM, SUBJECT DIRECTED TO REPORT ON 8-16-16 AT 10AM
 SPO REVIEW: NONE

ENTERED BY: ORILUS, KENNETH
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO
 REPORT TAKEN BY: ORILUS, KENNETH
 08/04/2016 03:10PM OFFICE REPORT W/PAROLEE

PO NAME: SUTHERLAND, CARLA
 ARRIVAL
 REVIEWED CONDITIONS
 CURFEW DISCUSSED
 DUTY OFFICER

SUBJECT MADE OFFICE ARRIVAL REPORT WITHIN 24HRS OF HIS RELEASE. SUBJECT REVIEWED CONDITIONS OF RELEASE TO SUPERVISION AND REPORTED HE UNDERSTANDS CONDITIONS. SUBJECT REVIEWED SPECIAL CONDITIONS AND SIGNED OFF ON CONDITIONS ACKNOWLEDGING REVIEW/UNDERSTANDING. SUBJECT REPORTED NO PHONE # YET AND HE'S RESIDING AT BELLEVUE MEN'S SHELTER, BUT HIS FATHER MAY HAVE A RESIDENCE FOR HIM. SUBJECT INSTRUCTED UNTIL THAT TIME HE IS TO REMAIN AT BELLEVUE MEN'S SHELTER UNTIL PO OF RECORD GIVES APPROVAL TO CHANGE RESIDENCE AND SUBJECT SAID THAT WOULD BE FINE. SUBJECT GIVEN MICROSOFT WORD PRINTOUT WITH PO OF RECORD CONTACT INFORMATION ALONG WITH NRD FOR 08/09/2016. PHOTO TO BE TAKEN DURING NRD.
 SPO REVIEW: 08/22/2016

ENTERED BY: MENDOZA, JEFFREY K
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO
 08/03/2016 10:00AM RELEASE INTERVIEW
 CONTACT ADDRESS: QUEENSBORO
 INMATE INFORMED OF ALL CONDITIONS, SIGNED RELEASE PAPERS AND WAS INSTRUCTED TO REPORT DIRECTLY TO PAROLE.
 SPO REVIEW: NONE

PO NAME: SUTHERLAND, CARLA
 PRISON/JAIL

ENTERED BY: SCAGNELLI, RONALD A
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO
 08/01/2016 07:30AM FACILITY INTERVIEW
 CONTACT ADDRESS: QBCF
 S.C. ENTERED INTO GES ON 8/1 BY KBS
 SPO REVIEW: NONE

PO NAME: SUTHERLAND, CARLA
 PRISON/JAIL

CMSCHRON* * *

NEW YORK STATE - DOCS

* * *

DATE: 11/04/2022

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PAROLEE CHRONO REPORT

FROM 01/01/1999 THRU 11/04/2022

NAME: GOULBOURNE, JONATHAN
 NYSID: [REDACTED]
 DIN: [REDACTED]

AREA: BROOKLYN III
 SPO NAME: TAYLOR, PAUL
 PO NAME: MELHADO, GODFREY

DATE	TIME	TYPE	ACTIVITY	LOCATION
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ENTERED BY: SCAGNELLI, RONALD A
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
 07/28/2016 07:30AM FACILITY INTERVIEW PRISON/JAIL
 CONTACT ADDRESS: QBCF
 REPORT FAXED TO ALBANY BY KBS ON 7/28/16
 SPO REVIEW: NONE

ENTERED BY: ESCANO, DARIO A
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
 06/20/2016 02:46PM CASE CONFERENCE
 COMMUNITY PREP COMPLETED.
 SPO REVIEW: 06/20/2016

ENTERED BY: SUTHERLAND, CARLA H
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
 06/02/2016 06:22PM SUPERVISION PLAN
 SUBJECT TO BE SUPERVISED AS PER COMPAS LEVEL, SUBJECT UNDOMICILED TO BE REFERRE
 D TO BELLEVUE MENS SHELTER, SUBJECT WILL BE GIVEN 9PM TO 7AM CURFEW DAILY
 SUBJECT WILL BE REFERRED TO CEO FOR EMPLOYMENT, SUBJECT TO BE DRUG TESTED
 SPO REVIEW: NONE

ENTERED BY: SUTHERLAND, CARLA H
 AREA: MANHATTAN III SPO NAME: ESCANO, DARIO PO NAME: SUTHERLAND, CARLA
 06/02/2016 06:25AM REPORTING INSTRUCTIONS
 SUBJECT MUST REPORT WITHIN 24 HOURS TO THE MANHATTAN III AREA OFFICE
 314 W 40TH ST, MANHATTAN, NY 10018 PHONE: (212) 239-6355
 UPON ARRIVAL, PHOTOS WILL BE TAKEN, SPECIAL CONDITIONS IMPOSED AND
 SUBSEQUENT REPORTING INSTRUCTIONS WILL BE GIVEN AT THAT TIME.
 SPO REVIEW: NONE

ENTERED BY:
 AREA: MANHATTAN III SPO NAME: AREA SUPERVISOR PO NAME: AREA SUPERVISOR
 05/25/2016 04:00AM COMPAS ASM'T COMPLETED
 SCREENER: SCAGNELLI, RONALD
 LOCATION: QUEENSBORO CF
 SPO REVIEW: NONE

ENTERED BY: SCAGNELLI, RONALD A
 AREA: QUEENS III SPO NAME: AREA SUPERVISOR PO NAME: AREA SUPERVISOR
 05/20/2016 10:00AM FACILITY INTERVIEW PRISON/JAIL
 CONTACT ADDRESS: QBCF
 INTAKE NO CONCERNS AT THIS TIME
 SPO REVIEW: NONE

* * * END OF REPORT * * *

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CERTIFICATE OF RELEASE TO POST-RELEASE SUPERVISION

DETERMINE SENTENCE — POST-RELEASE SUPERVISION

DETERMINE SENTENCE:

NYSID: [REDACTED] DIN # [REDACTED]

SOULBOURNE, JONATHAN now confined in QUEENSBORO who was convicted of Crim. Poss. Weapon and sentenced in the county of QUEENS a term of the SUPREME Court, Judge ARON presiding on the 17th day of NOVEMBER, 2014, for 0-0-0/

the term of 3-6-0 the maximum term of such sentence expires on the 6th day of FEBRUARY, 20 17, has agreed to abide by the conditions to which (he)

(she) has signed (his) (her) name below, and is hereby released by virtue of the authority conferred by New York State Law.

SOULBOURNE, JONATHAN is additionally subject to a period of 2-5-0 years/months Post-Release Supervision, which will commence on the release date

of 8/4/16 and (he) (she) will be under the legal jurisdiction of the Department of Corrections and Community Supervision until the Post-Release Supervision

Maximum Expiration (PRSME) date of 2/4/, 20 19

RCS: BELLEVUE

400 E 30th Street

Post-Release Supervision Period (years/months): 2-5-0

New York, NY 10016 212-461-6853

Post-Release Supervision Maximum Expiration Date: 2/4/19

I, SOULBOURNE, JONATHAN, voluntarily accept Post-Release supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Post-Release Supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board of Parole or its representatives. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.

REPORT TO: MANHATTAN III AO 314 W 40th St. NYC 10018 212-239-6034
 SPO: ESCAMO PO: SUTHERLAND

2. I will make office and/or written reports as directed.
3. I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
5. I will reply promptly, fully and truthfully to any inquiry of or communication by my Parole Officer or other representative of the Department of Corrections and Community Supervision.
6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in the full force and effect until I am discharged from Parole or Conditional Release. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my Parole or Conditional Release.
11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
12. Special Conditions:

SEE CONTINUATION SHEET

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release to Post-Release Supervision.

Signed this 3 day of August, 20 16

Releasee: [Signature]

Witness: [Signature]

COPY TO COMMUNITY SUPERVISION FIELD / AREA OFFICE

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

SENTENCE:



State



Local

NYSID

DIN#

I, GOULBOURNE, JONATHAN, now confined in QUEENSBORO CP having been convicted
of Crim Poss Weapon 2nd (C) and sentenced in the county of QUEENS at a term of the
SUPREME Court, Judge KRON presiding, on the 17th day of NOVEMBER, 20 14
for the term of 0-0-0/22 3-6-0 the maximum term of which expires on the 6th day of FEBRUARY, 20 17,
hereby apply for Conditional Release. I understand that I will be in the legal custody of the Department of Corrections and Community Supervision until
the 6th day of FEBRUARY, 20 19, and agree to abide by the conditions of my release with full knowledge that failure to do so may result in
my re-imprisonment by order of the Board of Parole pursuant to law.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office, unless other instructions are designated on my release agreement.
2. I will make office and/or written reports as directed.
3. I will not leave the State of New York or any other State to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
5. I will reply promptly, fully and truthfully to any inquiry of or communication by my Parole Officer or other representative of the Department of Corrections and Community Supervision.
6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from Parole or Conditional Release. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my Parole or Conditional Release.
11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
12. Special Conditions:

SEE CONTINUATION SHEET

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision may impose.



Local Sentence: I also understand and agree that if I am returned to a correctional facility for violation of any of the above conditions; the time spent under Conditional Release will not be credited against the term of my sentence.



State Sentence: I understand and agree that if I am returned to an institution under the jurisdiction of the Department of Corrections and Community Supervision for violation of any of the above conditions, that the good behavior time earned by me prior to the date of my Conditional Release cannot be used as a basis for requesting any subsequent release. I further understand that if I am so returned I may, however, subsequently receive time allowance against the remaining portion of my maximum or aggregate maximum term not to exceed in the aggregate of one-third of such portion provided such remaining portion of my maximum or aggregate maximum term is more than one year and that I shall not again earn any good behavior time against the remaining portion of my sentence if such remaining portion of my sentence is one year or less.

I certify that I have read and that I understand the foregoing and have received a copy of this application.

Signed this 3 day of August, 20 16

Applicant:

Witness:

COPY TO COMMUNITY SUPERVISION FIELD / AREA OFFICE



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

CERTIFICATE OF RELEASE TO PAROLE SUPERVISION (GREEN FORM 3010)
APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION (PINK FORM 3041)
CERTIFICATE OF RELEASE TO POST-RELEASE SUPERVISION (PUMPKIN FORM 3010PRS)
DETERMINE SENTENCE POST RELEASE SUPERVISION

CONTINUATION SHEET OF CONDITIONS: 1-12)

NAME: GOULBOURNE, JONATHAN

DIN: [REDACTED]

NYSID: [REDACTED]

I will seek, obtain and maintain employment and/or an academic/vocational program.

I will submit to substance abuse testing as directed by the Parole Officer.

I will not consume alcoholic beverages.

I will not frequent any establishment where alcohol is sold or served as its main business without the permission of the Parole Officer.

I will abide by a curfew established by the Parole Officer.

I will support my dependent children.

I will participate in anti-aggression/anti-violence counseling as directed by the Parole Officer.

I will comply with geographic restrictions as per Parole Officer.

FOR EMERGENCIES OCCURRING AFTER OFFICE HOURS AND ON WEEKENDS; CALL 212 239 6159
COMMAND CENTER STAFF WILL ASSIST YOU.

I HEREBY CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING CONDITIONS OF MY
RELEASE AND THAT I HAVE RECEIVED A COPY OF THIS APPLICATION AND/OR CERTIFICATE OF RELEASE.

SIGNED ON THE 3 DATE OF August, 2016

OFFENDER: [Signature] SORC/ORC: [Signature]

COPY TO: OFFENDER; COMMUNITY SUPERVISION FIELD/AREA OFFICE
FACILITY COMMUNITY SUPERVISION OFFICE/INSTITUTIONAL



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
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CONTINUATION SHEET OF CONDITIONS: 1-12)

NAME: GOULBOURNE, JONATHAN

DIN: [REDACTED]

NYSID: [REDACTED]

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I will support my dependent children.

I will participate in anti-aggression/anti-violence counseling as directed by the Parole Officer.

I will comply with geographic restrictions as per Parole Officer.

FOR EMERGENCIES OCCURRING AFTER OFFICE HOURS AND ON WEEKENDS; CALL 212 239 6159
COMMAND CENTER STAFF WILL ASSIST YOU.

I HEREBY CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING CONDITIONS OF MY
RELEASE AND THAT I HAVE RECEIVED A COPY OF THIS APPLICATION AND/OR CERTIFICATE OF RELEASE.

SIGNED ON THE 3 DATE OF August 2016

OFFENDER: [Signature] SORC/ORC: [Signature]

COPY TO: OFFENDER; COMMUNITY SUPERVISION FIELD/AREA OFFICE
FACILITY COMMUNITY SUPERVISION OFFICE/INSTITUTIONAL



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

I GOULBOURNE, JONATHAN, have received and reviewed the Department of Motor Vehicles documents retrieval procedure of a Non-Driver Photo ID with my Offender Rehabilitation Coordinator/Transitional Services Coordinator.

Inmate Name: Jonathan Goulbourne

DIN #: [REDACTED]

Date: 8/3/16

ORC/Designee Name: [Signature]

Date: 8/3/16

State of New York

Department of Corrections and Community Supervision

SUPERVISION FEE ACKNOWLEDGMENT FORMName: GOULBOURNE, JONATHAN DIN#: [REDACTED] NYSID #: [REDACTED]Offender Rehabilitation Coordinator (ORC): Jeff MendezSupervising Offender Rehabilitation Coordinator (SORC): S. MitchellFacility: QUEENSBORO CPDate of Interview: 8/3/16

/ I understand I am required under NYS Correction Law §201 (9)(a) to pay a monthly supervision fee of \$30 while under community supervision.

/ I understand that every month my Parole Officer will review my income/financial situation to determine if any fee adjustment is warranted. I understand that I must provide my Parole Officer with any and all financial information or documentation he or she may request to make this determination. / I believe I am not able to pay the required monthly supervision fee, I understand it shall be my responsibility to pay such fee in order to obtain any fee adjustment consideration by my Parole Officer.

/ I understand that each supervision fee payment shall be payable to the **New York State Department of Corrections and Community Supervision.**

/ I understand that my early discharge from community supervision (Three Year Discharge, Executive Law §259-j or Merit Termination of Sentence, Correction Law §205) and any consideration by the Board of Parole for a Certificate of Relief from Disabilities or a Certificate of Good Conduct can be denied if I do not make a good faith effort to pay the supervision fee.

/ I understand that my failure to pay the required supervision fee may subject me to debt collection proceedings in which the Department of Corrections and Community Supervision or State of New York will seek a judgment against me in a court of competent jurisdiction for the entire amount of unpaid fees, and thereafter, will utilize whatever remedy the law allows for, e.g., wage garnishment, to collect that amount.

Releasee Signature: [Signature] Date: 8-3-16ORC/SORC Signature: [Signature] Date: 8/3/16

DISTRIBUTION:

WHITE - RELEASEE; YELLOW - AREA OFFICE FILE; PINK - COMMUNITY SUPERVISION CENTRAL OFFICE FILE

[illegible]

Name: _____

DIN#:

[illegible]

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
PAROLE BOARD REPORT

CORRECTIONAL FACILITY

PAROLE BOARD TYPE/ DATE: CRC JULY 2016

NAME: Goulbourne Jonathan	RECEIVED DATE: 12/2/2014	CMC: A <input checked="" type="checkbox"/> B <input type="checkbox"/>
DOB: 7/19/78	DIN: <input type="checkbox"/>	NYSID: <input type="checkbox"/> FBI: <input type="checkbox"/>
PE DATE: N/A	CR DATE: 8/4/16	ME DATE: 2/6/17

PRS: 2.6 years PV NT: Yes ☐ No ☒TIME ON PAROLE: N/A TIME SERVED: N/A months

CRIMES OF COMMITMENT, FELONY CLASSES, SENTENCE, PLEA OR VERDICT

Criminal Possession of a Weapon 2nd Degree 0 to 3.6 yearsEEC: ISSUED ☐ DENIED ☐ NON-CERTIFIABLE ☐ INELIGIBLE / N/A ☐OFFICIAL STATEMENTS: JUDGE - Yes ☐ No ☒ DA - Yes ☐ No ☒ DEF ATTY - Yes ☐ No ☒SENTENCING MINUTES: Yes ☒ No ☐ IF NO, DATE(S) REQUESTED:CO-DEFENDANT: NAME/NYSID STATUS
NONE

DETAILED PRESENT OFFENSE: IN THE I.O. 8/9/13, INMATE WAS IN POSSESSION OF TWO [2] FIREARMS.

OFFENDER STATEMENT: Inmate admitted guilt in the offense

CRIMINAL HISTORY: Warrant: Yes ☐ No ☒ ICE: Yes ☐ No ☒
IF YES, EXPLAIN:

NEW YORK STATE - CLICK HERE

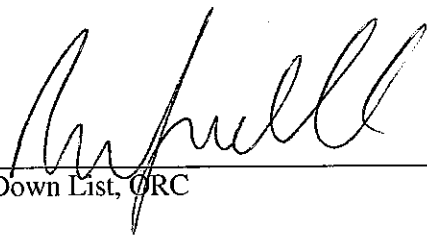
JUVENILE: Yes ☐ No ☒ OUT OF STATE: Yes ☐ No ☒ FEDERAL: Yes ☐ No ☒
IF YES, EXPLAIN:CERTIFICATE OF RELIEF: Eligible ☐ Ineligible ☒ Youthful Offender ☐INTERPRETER NEEDED: Yes ☐ No ☒ IF YES, LANGUAGE:

PROPOSED RESIDENCES:

PRIMARY: Bellvue Mens Shelter
400 east 30th street
NYC. NY 10016

ALTERNATE: N/A

PROPOSED EMPLOYMENT: Pending


Drop Down List, ORC7/28/16
Date:
Drop Down List, SORC7/28/16
Date:

3706
CONFIDENTIAL REPORT: CRC JULY 2016

OFFENDER NAME: Goulbourne Jonathan DIN: [REDACTED] NYSID: [REDACTED]

Confidential File: Yes ☐ No ☒**Supervision and Investigation Concerns:** None**Active Orders of Protection:** Yes ☒ No ☐

If Yes, Dates of OOP: Kissy Goulbourne, Expiration Dates: Non

Name(s)/Relationship(s): ORDER OF PROTECTION, NON-EXPIRING, ISSUED 10/10/07, NYC PD

Past Behaviors:**History of Community Supervision:** None**Intelligence Information:** Gang affiliation / tattoos: None**Sex Offender History:** Yes ☐ No ☒ If Yes, Risk Level:**Mental Health:** Level 6 OMH Evaluations (dates/ diagnosis): 6**Medical Concerns:** Yes ☐ No ☒ Level 3

If Yes, Explain:

Family Information: None**Domestic Violence History:** None**Active Orders of Protection:** Yes ☐ No ☒

If Yes, Dates of OOP: , Expiration Dates:

Name(s)/Relationship(s):)

Financial Information: None**Victim Information:** Check all applicable.STRANGER: Adult ☒ 65 and Over ☐ Under 18 ☐ Under 13 ☐NON-STRANGER: Adult ☒ 65 and Over ☐ Under 18 ☐ Under 13 ☐

NON-STRANGER'S VICTIM'S RELATIONSHIP TO OFFENDER:

Grandparent ☐ Parent ☐ Spouse ☐ Child ☐ Sibling ☐
Aunt ☐ Uncle ☐ Cousin ☐ Girlfriend/Boyfriend ☐NON-STRANGER OTHER: ☐ (This could mean a person's neighbor/employer/friend.)LAW ENFORCEMENT: ☒MULTIPLE VICTIMS: ☐UNKNOWN: ☐**Summary/Evaluation** N/A

ORC RECOMMENDED SPECIAL CONDITIONS

INMATE NAME : Goulbourne Jonathan

DIN: [REDACTED]

NYSID: [REDACTED]

- ☒ SC1 – I will seek, obtain, and maintain employment and/or an academic/vocational program.
- ☒ SC2 – I will submit to Substance Abuse Testing, as directed by the PAROLE OFFICER.
- ☐ SC3 – I will participate in a Substance Abuse Treatment program, as directed by the PAROLE OFFICER.
- ☐ SC4 – I will participate in an Alcohol Abuse Treatment program, as directed by the PAROLE OFFICER.
- ☒ SC5 – I will NOT consume alcoholic beverages.
- ☒ SC6 – I will NOT frequent any establishment where alcohol is sold or served as its main business without the permission of the PAROLE OFFICER.
- ☐ SC7 – I will NOT operate any motor vehicle, apply for, renew, or possess any drivers' license, without the written permission of the PAROLE OFFICER.
- ☒ SC8 – I will abide by a curfew established by the PAROLE OFFICER.
- ☐ SC9 – I will support my dependent children.
- ☒ SC10 – I will participate in anti-aggression/anti-violence counseling, as directed by the PAROLE OFFICER.
- ☐ SC11 – I will cooperate with a mental health evaluation referral, and follow up treatment as directed by the PAROLE OFFICER.
- ☐ SC12 – I will participate in Sex Offender Counseling/Treatment, as directed by the PAROLE OFFICER.
- ☐ SC13 – I will have NO contact with any person under the age of eighteen, without written permission of the PAROLE OFFICER.
- ☐ SC14 – I will comply with all case specific sex offender conditions to be imposed by the PAROLE OFFICER.
- ☐ SC15 – I will NOT associate in any way or communicate by any means with victim(s) _____ without the permission of the PAROLE OFFICER.
- ☐ SC16 – I will NOT associate in any way or communicate by any means with associate(s) _____ without the permission of the PAROLE OFFICER.
- ☐ SC17 – I will NOT associate in any way or communicate by any means with other(s) _____ without the permission of the PAROLE OFFICER.
- ☐ SC18 – I will cooperate with all medical referrals and treatment recommendations.
- ☐ SC19 – I will participate in Domestic Violence counseling, as directed by the PAROLE OFFICER.
- ☐ SC20 – I will comply with all court orders including those ordering fines, surcharges, and/or restitution.
- ☐ SC21 – I will NOT be a member of any gang or associate with any known gang member or attend any gang activity or function. I will not wear, display, possess, distribute, or use any gang insignia or material.
- ☐ SC22 – I will NOT act in any fiduciary capacity without the permission of the PAROLE OFFICER.
- ☐ SC23 – I will NOT have a checking, savings, debit, or credit card account, without the permission of the PAROLE OFFICER.
- ☐ SC24 – I will NOT be involved in any gambling or gambling related activity without the permission of the PAROLE OFFICER.
- ☐ SC25 – I will participate in a D.W.I. Victim Impact Panel as directed by the PAROLE OFFICER.
- ☐ SC26 – I will comply with all Orders of Protections.
- ☒ SC27 – OTHER: _____
- ☐ SC28 – I will abide by the mandatory condition imposed by the Sexual Assault Reform Act, Chapter 1 of the Laws of 2000.
- ☐ SC29 – I will propose a residence to be approved by the NYS Department of Corrections and Community Supervision and will assist the Department in any efforts it may make on my behalf to develop an approved residence.
- ☐ SC30 – I will reside only in the residence approved by the NYS Department of Corrections and Community Supervision.
- ☐ SC31A – I will proceed directly to the I.C.E. Warrant and if released prior to the maximum expiration date of my sentence or if released prior to the post-release supervision maximum expiration (P.R.S.M.E.) date, I will within 24 hours of my release, report to the area office as noted on my Certificate of Release. If deported, I understand that I cannot re-enter the United States unless my re-entry is authorized under 8 U.S.C. 1326. If I am convicted of illegally re-entering the United States, 8 U.S.C. 1326 authorizes the United States District Court to impose a fine, period of imprisonment up to ten (10) years, or both.
- ☐ SC31B – I further understand that I cannot re-enter the United States prior to the maximum expiration of my sentence, unless I receive prior written permission from the NYS Board of Parole. Also, I fully understand that re-entry to the United States, prior to the maximum expiration of my sentence, may be the basis for a revocation of my release.
- ☐ SC32 – I will NOT use or possess any medication or supplements designed or intended for the purpose of enhancing sexual performance or treating erectile dysfunction without the written permission of the PAROLE OFFICER and the approval of his or her area supervisor.
- ☐ SC33 – I will participate in the Department of Corrections and Community Supervision's Polygraph Program, as directed by the PAROLE OFFICER. I understand that this will include periodic polygraph sessions consisting of a pre-examination interview, polygraph examination and post-test interview with the polygraph examiner or the PAROLE OFFICER.
- ☐ SC34 – Prior to release, I shall provide a sample, appropriate for D.N.A. testing, to be included in the NYS D.N.A. Index, pursuant to 9 N.Y.C.R.R. 6192.1 (W).
- ☐ SC35 – I will NOT use the internet to access pornographic material, access a commercial social networking website, communicate with other individuals or groups for the purpose of promoting sexual relations with persons under the age of eighteen, and communicate with a person under the age of eighteen unless I receive written permission from the NYS Board of Parole to use the internet to communicate with a minor child under eighteen years of age, who I am the parent of and who I am not otherwise prohibited from communicating with.
- ☐ SC36 – I shall NOT be released until such time as any residence that has been or may be approved on my behalf can be evaluated by the NYS Department of Corrections and Community Supervision to determine its appropriateness in light of any determinations made by a court of competent jurisdiction pursuant to Article 10 of the Mental Hygiene Law.

ORC RECOMMENDED SPECIAL CONDITIONS

INMATE NAME : Goulbourne Jonathan	DIN: [REDACTED]	NYSID: [REDACTED]
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- ☐ **SC37** – Pursuant to the authority conferred upon the NYS Board of Parole, under Section 70.45(3) of the NYS Penal Law, to impose conditions of release upon an individual serving a determinate sentence who is to be released to the jurisdiction of the NYS Department of Corrections and Community Supervision, to serve a period of post-release supervision, it is hereby determined that as a condition of my post-release supervision, I shall be transferred to and participate in the programs of a residential treatment facility, as the term is defined by NY Correction Law, Section 2(6), for a period of time deemed appropriate by the NYS Board of Parole, but in no event shall such period exceed six months from the date of my entrance into said residential treatment facility.
- ☐ **SC38** – I shall NOT be released until the NYS Board of Parole and NYS Department of Corrections and Community Supervision are informed of the Sex Offender Risk Level that has been or will be established by a court of competent jurisdiction pursuant to Correction Law 168 – N.
- ☐ **SC39A** – I will have no contact, directly or indirectly, through third party, electronically, or by initiation or response, with _____. I will only have contact with any minor children in common with _____ with approval and supervision of a Family Court Order of the permission of the PAROLE OFFICER.
I will enter, complete, and comply with a Domestic Violence Offenders program, as directed by the PAROLE OFFICER.
I will enter, complete, and comply with a Parenting Course, as directed by the PAROLE OFFICER.
- ☐ **SC39B** – I will NOT reside with any partner without prior written permission of the PAROLE OFFICER.
I will immediately provide the PAROLE OFFICER of the contact information for any and all relationships I become involved in. I will provide a copy of any active Order of Protection issued against me or for my protection to the PAROLE OFFICER within 48 hours of being served with the order.
I will comply with any and all “active” Orders of Protection.
- ☐ **SC40A** – I will NOT own, use, possess, purchase or have control of any computer, computer related material, electronic storage devices, communication devices, and/or the internet, unless I obtain prior written permission from the PAROLE OFFICER. Furthermore, if approved: If I am permitted by the PAROLE OFFICER to possess a computer at my residence, permission will be granted for only one computer.
I will provide all personal, business, phone, internet service provider, and/or cable records, to the PAROLE OFFICER upon request.
- ☐ **SC40B** – I will provide copies of financial documents to the PAROLE OFFICER upon request. These documents may include, but are not limited to, all credit cards bills, bank statements, and income tax returns.
I will provide all user id's and passwords required to access the computer, my C.M.O.S. and BIOS, internet service provider, any/all email accounts, instant messaging accounts, any removable electronic media, including, but not limited to, media such as smart cards, cell phones, thumb drives and web virtual storage.
- ☐ **SC40C** – I will provide the PAROLE OFFICER with my password and user I.D. for any approved device. I acknowledge that individuals who have access to my computer system and/or other communication or electronic storage devices will also be subject to monitoring and/or search and seizure.
I agree to be fully responsible for all material, data, images and information found on my computer and/or other communication or electronic storage devices at all times.
- ☐ **SC40D** – I will NOT create or assist directly, or indirectly, in the creation of any electronic bulletin board system, services that provide access to the internet, or any public or private computer network without prior written approval from the PAROLE OFFICER.
I will NOT use any form of encryption, cryptography, steganography, compression and/or other method that might limit access to, or change the appearance of, data and/or images without prior written approval from the PAROLE OFFICER.
- ☐ **SC40E** – I will NOT attempt to circumvent, alter, inhibit, or prevent the functioning of any monitoring or limiting equipment, device or software that has been installed by or at the behest of, or is being utilized by, the Department of Corrections and Community Supervision for the purposes of recording, monitoring or limiting my computer or internet use and access, nor will I tamper with such equipment, device or software in any way.
- ☐ **SC40F** – I will cooperate with unannounced examinations directed by the PAROLE OFFICER of any and all computer(s) and/or other electronic device(s) to which I have access. This includes access to all data and/or images stored on hard disk drives, floppy diskettes, cd roms, optical disks, magnetic tape, cell phones, and/or any other storage media whether installed within a device or removable.
I will install or allow to be installed, at my own expense, equipment and/or software to monitor or limit computer use.
- ☐ **SC41A** – I shall install and maintain, in accordance with the provisions of Section 1198 of the NYS Vehicle and Traffic Law, an Ignition Interlock Device in any motor vehicle owned or operated by me during the period of my community supervision. This condition does not authorize me to operate a motor vehicle in the event my license or privilege to operate a motor vehicle has been revoked or suspended.
- ☐ **SC41B** – Pursuant to the provisions of the Vehicle and Traffic Law or the Laws of any other State, I may obtain a license to operate a motor vehicle only with the prior written permission of the PAROLE OFFICER. If I possess a license to operate a motor vehicle, I may operate a motor vehicle with the prior written permission of the PAROLE OFFICER, and in accordance with this condition of release.
- ☐ **SC42** – I will submit to photo imaging every 90 days or whenever directed by the PAROLE OFFICER or other representative of the NYS Department of Corrections and Community Supervision.
- ☐ **FC01 A, B, C, D** – Sex Offender Housing Condition (SOH220) - I will propose a residence to be investigated by the Department of Corrections and Community Supervision and will assist the Department in any efforts it may make on my behalf to develop a residence.

ORC RECOMMENDED SPECIAL CONDITIONS

INMATE NAME : Goulbourne Jonathan

DIN: [REDACTED]

NYSID: [REDACTED]

If I am deemed a Level 3 risk pursuant to Article 6-c of the Correction Law or - I am serving one or more sentences for committing or attempting to commit one or more offense(s) under Articles 130, 135 or 263 of the Penal Law or sections 255.25, 255.26 or 255.27 of the Penal Law and the victim of such offense(s) was under 18 years of age at the time of the offense(s), and as such I must comply with section 259-c(14) of the Executive Law, I will not be released until a residence is developed and it is verified that such address is located outside the penal law definition of school grounds and is approved by the Department. In pertinent part, Executive Law §259-c(14) provides: "the board shall require, as a mandatory condition of such release, that such sentenced offender shall refrain from knowingly entering into or upon any school grounds, as that term is defined in subdivision fourteen of section 220.00, or the penal law, or any other facility or institution primarily used for the care or treatment of persons under the age of eighteen while on or more of such persons under the age of eighteen are present,..." Penal Law §220.14).

"School grounds" means (a) in or on or within any building, structure, athletic playing field, playground or land contained within the real property boundary line of a public or private elementary, parochial, intermediate, junior high, vocational, or high school, or (b) any area accessible to the public located within one thousand feet of the real property boundary line comprising any such school or any parked automobile or other parked vehicle located within one thousand feet of the real property boundary line comprising any such school. For the purposes of this section an "area accessible to the public" shall mean sidewalks, streets, parking lots, parks, playgrounds, stores and restaurants.

- ☐ **FC02 A, B** – Sex Offender Residential Treatment Facility program conditions (RTF220) – Pursuant to the authority conferred upon the New York State Board of Parole under section 70.45(3) of the penal law to impose conditions of release upon an individual serving a determinate sentence who is to be released to serve a period of post-release supervision, as a condition of your post-release supervision you shall be transferred to and participate in the programs of a residential treatment facility, as that term is defined by Correction Law section 2(6) until such time as a residence has been approved and such address has been verified to be located outside of the penal law definition of school grounds.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS: CRIMINAL TERM, PART TAPA

THE PEOPLE OF THE STATE OF NEW YORK

-against-

Certification Pursuant to
7 NYCRR 1900.4(c)(1)(ii)

Jonathan Goulbourne

Defendant

It is hereby certified, pursuant to 7 NYCRR 1900.4 (c)(1)(iii), to the New York State Department of Correctional Services that the current commitment of 3 1/2 yrs + 2 1/2 PRS is based upon a conviction for CPW 2 a, violation of Sec 265.03 of Penal Law, a crime listed in 7 NYCRR 1900.4 (c)(1)(ii) which is a subdivision which does not involve either the use or threatened use of a deadly weapon or a dangerous instrument or the infliction of a serious physical injury as defined in the Penal Law.

Dated: Kew Gardens, New York

11/17/14

BK

Supreme Court Justice
HON. BARRY KRON



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

Date: 7/24/2015

Queens County Supreme Court Clerk
Queens County Supreme Court
125-01 Queens Blvd.
Kew Gardens, NY 11415

RE: GOULBOURNE, JONATHAN

DIN#: [REDACTED]

INDICTMENT#: 2642-13

NYSID#: [REDACTED]

Dear Sir/Madam:

Pursuant to Section 60.35 of the NYS Penal Law, the following monies have been collected from the above-mentioned inmate based on the mandatory surcharge, fine, DNA fee, DWI/other, crime victim assistance fee, sex offender registration fee, and/or supplemental sex offender victim fee and restitution ordered by your Court:

	Amount Ordered	Paid- 6/30/15 In Full	Deferred	Amount Paid	Amount Owed
Mandatory Surcharge:	\$ 300.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 300.00	\$ - 0 -
Crime Victim Assistance Fee:	\$ 25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	\$ - 0 -
DNA Fee:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Fine:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
DWI/Other:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Sex Offender Registration Fee:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Supplemental Sex Offender Fee:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
Restitution:	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Released:

If you should require additional information, please contact me.

Sincerely,

Sherri Debyah
Inmate Records Coordinator I

cc: Legal File
Guidance
Inmate

Criminal Form 1

12/2013

ORI No: _____
Order No: _____At a term of the Supreme Court, County of Queens
at the Courthouse at 125-01 Queens Blvd, State of New YorkNYSID No: [REDACTED]
CJTN No: [REDACTED]**ORDER OF PROTECTION**
Family Offenses - C.P.L. 530.12PRESENT: Hon. D. Modica
PEOPLE OF THE STATE OF NEW YORK☐ Youthful Offender (check if applicable)
Part: K-15 Index/Docket No: 2013 QN044328
Indictment No., if any: 2642/2013
Charges: PL 265.03

against

Jonathan Goulbourne Defendant Date of Birth: 7-19-78
[Check box]: ☐ Ex Parte ☒ Defendant Present In Court**NOTICE: YOUR FAILURE TO OBEY THIS ORDER MAY SUBJECT YOU TO MANDATORY ARREST AND CRIMINAL PROSECUTION WHICH MAY RESULT IN YOUR INCARCERATION FOR UP TO SEVEN YEARS FOR CONTEMPT OF COURT. IF THIS IS A TEMPORARY ORDER OF PROTECTION AND YOU FAIL TO APPEAR IN COURT WHEN YOU ARE REQUIRED TO DO SO, THIS ORDER MAY BE EXTENDED IN YOUR ABSENCE AND THEN CONTINUES IN EFFECT UNTIL A NEW DATE SET BY THE COURT.****THIS ORDER OF PROTECTION WILL REMAIN IN EFFECT EVEN IF THE PROTECTED PARTY HAS, OR CONSENTS TO HAVE, CONTACT OR COMMUNICATION WITH THE PARTY AGAINST WHOM THE ORDER IS ISSUED. THIS ORDER OF PROTECTION CAN ONLY BE MODIFIED OR TERMINATED BY THE COURT. THE PROTECTED PARTY CANNOT BE HELD TO VIOLATE THIS ORDER NOR BE ARRESTED FOR VIOLATING THIS ORDER.**☒ **TEMPORARY ORDER OF PROTECTION** - Whereas good cause has been shown for the issuance of a temporary order of protection [as a condition of recognizance ☐ release on bail ☐ adjournment in contemplation of dismissal]☐ **ORDER OF PROTECTION** - Whereas defendant has been convicted of [specify crime or violation]: _____
And the Court having made a determination in accordance with section 530.12 of the Criminal Procedure Law,**IT IS HEREBY ORDERED that the above-named defendant observe the following conditions of behavior:**

[Check applicable paragraphs and subparagraphs]:

[01] ☐ Stay away from [A] ☒ [name(s) of protected person(s) or witness(es)]: [REDACTED] and/or from the
[B] ☒ home of [REDACTED], [C] ☒ school of [REDACTED]
[D] ☒ business of [REDACTED], [E] ☒ place of employment of [REDACTED]
[F] ☒ other [REDACTED]- ☐ except for contact, communication or access permitted by a subsequent order issued by a family or supreme court in a custody, visitation or child abuse or neglect proceeding.[14] ☒ Refrain from communication or any other contact by mail, telephone, e-mail, voice-mail or other electronic or any other means with [specify protected person(s)]: [REDACTED]- ☐ except for contact, communication or access permitted by a subsequent order issued by a family or supreme court in a custody, visitation or child abuse or neglect proceeding.[02] ☒ Refrain from assault, stalking, harassment, aggravated harassment, menacing, reckless endangerment, strangulation, criminal obstruction of breathing or circulation, disorderly conduct, criminal mischief, sexual abuse, sexual misconduct, forcible touching, intimidation, threats, identity theft, grand larceny, coercion or any criminal offense against [specify protected person(s), members of such person's family or household, or person(s) with custody of child(ren)]: [REDACTED][15] ☐ Refrain from intentionally injuring or killing without justification the following companion animal(s) (pet(s)) [specify type(s) and, if available, name(s)]: _____[11] ☐ Permit [specify individual]: _____ to enter the residence at [specify]: _____ during [specify date/time]: _____ with [specify law enforcement agency, if any]: _____ to remove personal belongings not in issue in litigation [specify items]: _____[04] ☐ Refrain from [indicate acts]: _____ that create an unreasonable risk to the health, safety, or welfare of [specify child(ren), family or household member]: _____[05] ☐ Permit [specify individual(s)]: _____, entitled by a court order or separation or other written agreement, to visit with [specify child(ren)]: _____ during the following periods of time [specify]: _____, under the following terms and conditions [specify]: _____[12] ☒ Surrender any and all handguns, pistols, revolvers, rifles, shotguns and other firearms owned or possessed, including, but not limited to, the following _____ and do not obtain any further guns or other firearms. Such surrender shall take place immediately, but in no event later than [specify date/time]: _____ at: _____[] ☐ Promptly return or transfer the following identification documents [specify]: _____ to the party protected by this Order NOT LATER THAN [specify date]: _____ in the following manner [specify manner or mode of return or transfer]: _____

STATE OF NEW YORK
SUPREME COURT, COUNTY OF QUEENS
PRESENT: HON KRON,B

Court Part: TAP A
Court Reporter: BEL M W T E C
Superior Ct. Case #: 02642-2013

The People of the State of New York

-VS-

JONATHAN GOULBOURNE

Defendant

Male 07/19/1978 [REDACTED]
Sex DOB NYSID #: Criminal Justice Tracking #

Accusatory Instrument Charge(s)	Count #	Law/Section & Subdivision
1 CPW3	8	PL 265.02(01)
2 ASLT3	9	PL 120.00(01)
3 RESARR	10	PL 205.30(00)
4 CPW2	3	PL 265.03(03)

Date(s) of Offense: 08/09/2013 To

THE ABOVE NAMED DEFENDANT HAVING BEEN CONVICTED BY [☒ PLEA OR ☐ VERDICT], THE MOST SERIOUS OFFENSE BEING A [☒ FELONY OR ☐ MISDEMEANOR OR ☐ VIOLATION], IS HEREBY SENTENCED TO:

Crime	Count #	Law/Section & Subdivision	SMF, Hate or Terror	Minimum Period	Maximum Term	Definite / Determinate **	Post-Release Supervision	CJTN
1 CPW2	1	PL 265.03(1B)				3 1/2 yrs (Det)	2 1/2 yrs	
2								
3								
4								

TE: For each DETERMINATE SENTENCE imposed, a corresponding period of POST-RELEASE SUPERVISION MUST be indicated [PL § 70.45].

☐ Counts shall run CONCURRENTLY with each other ☐ Count(s) shall run CONSECUTIVELY to count(s)
Sentence imposed herein shall run CONCURRENTLY with and/or CONSECUTIVELY to
Sentence imposed herein shall include a CONSECUTIVE term of [☐ PROBATION OR ☐ CONDITIONAL DISCHARGE], with an Ignition Interlock Device condition, that shall commence upon the defendant's release from imprisonment [PL § 60.21]
Conviction includes: WEAPON TYPE: and/or DRUG TYPE:
Charged as a JUVENILE OFFENDER- age at time crime committed: years Court certified the Defendant a SEX OFFENDER [Cor. L § 168-d]
Adjudicated a YOUTHFUL OFFENDER [CPL § 720.20] CASAT ordered [PL § 60.04(6)]
Execute as a sentence of PAROLE SUPERVISION [CPL § 410.91] SHOCK INCARCERATION ordered [PL § 60.04(7)]
Re-sentenced as a PROBATION VIOLATOR [CPL § 410.70]

As a: ☐ Second ☐ Second Violent ☐ Second Drug ☐ Second Drug w/prior VFO ☐ Predicate Sex Offender **FELONY OFFENDER**
☐ Predicate Sex Offender w/prior VFO ☐ Second Child Sexual Assault ☐ Persistent ☐ Persistent Violent
Paid Not Paid Deferred (If deferred, court must file written order [CPL § 420.40(5)]) Paid Not Paid Deferred (If deferred, court must file written order [CPL § 420.40(5)])

<input checked="" type="checkbox"/> Mandatory Surcharge \$300.00	<input checked="" type="checkbox"/> Crime Victim Assistance Fee \$25.00
<input type="checkbox"/> Fine \$	<input type="checkbox"/> Restitution \$
<input type="checkbox"/> DNA Fee \$50.00	<input type="checkbox"/> Sex Offender Registration Fee \$
<input type="checkbox"/> DWI/Other \$	<input type="checkbox"/> Supplemental Sex Off. Victim Fee \$

THE SAID DEFENDANT BE AND HEREBY IS COMMITTED TO THE CUSTODY OF THE:

☒ NYS Department of Correctional Services (NYDOCS) until released in accordance with the law, and being a person sixteen (16) years or older not presently in the custody of the NYSDOCS, (New York City Department of Corrections) is directed to deliver the defendant to the custody of NYSDOCS as provided in 7 NYCRR Part 103.
☐ NYS Department of Correctional Services (NYDOCS) until released in accordance with the law, and being a person sixteen (16) years or older presently in the custody of NYSDOCS, defendant shall remain in the custody of the NYSDOCS.
☐ NYS Office of Children and Family Services in accordance with the law, being a person less than sixteen (16) years of age at the time the crime was committed.
☐ County Jail/Correctional Facility

TO BE HELD UNTIL THE JUDGMENT OF THIS COURT IS SATISFIED.

REMARKS:

violent felony override granted

Commitment, Order of Protection & Pre-Sentence Report received by Correctional Authority as indicated:

Official Name

Shield No.

Pre-Sentence Investigation Report Attached: ☒ Yes ☐ No
Order of Protection Issued: ☐ Yes ☒ No
Order of Protection Attached: ☐ Yes ☒ No

☐ Amended Commitment: Original Sentence Date:

11/17/14 A. PHEFFER

by:

Date Clerk of the Court

Signature

SCC

Title



THE CITY OF NEW YORK DEPARTMENT OF CORRECTION

01-DEC-14 15:27:39

JAIL TIME CERTIFICATION

PAGE 1

NYSID: [REDACTED]
Name: GOULBOURNE, JONATHAN
Controlling City Sentence Time: ?0000

Docket #:

Indictment #: 02642/2013

Calculated Jail Time : 0480
+ Additional Jail Time : 0000
- Excess Jail Time : 0000

Total Jail Time : 0480

All Department of Correction procedures were followed in preparing the certification.

Jail Time Certified by

Facility: AMKC

Associated	Arrest	Discharge	Last	Start	City		
Docket	Indictment	Date	Date	Code	Hous	Sent	Date Sent #
							# Days
9801300736	2013QN044328	02642/2013	09-AUG-13		AMKC		0480